

REPORT INTO NURSING AND MIDWIFERY COUNCIL'S HANDLING OF CONCERNS RAISED BY A WHISTLEBLOWER AND TREATMENT OF THE WHISTLEBLOWER

1 Executive summary

- 1.1 This report sets out the findings of an investigation into the Nursing and Midwifery Council's handling of concerns raised by a whistleblower and how that whistleblower was treated for having raised those concerns. The concerns raised related to the handling of fitness to practise cases, culture, the handling of processes concerning the whistleblower's own employment, the treatment of the whistleblower and how the concerns were dealt with. Our conclusion is that the concerns raised were dealt with adequately and in line with policy at the relevant time. There are aspects of how the concerns were dealt with which could have been handled better in line with good governance and good practice. Whilst we concluded that there was no evidence of whistleblowing detriment towards the whistleblower, there are similarly matters that could have been dealt with better in terms of how the whistleblower was treated. These include in respect of delays, communication, confidentiality and ownership. The report therefore sets out a number of lessons learnt and makes associated recommendations (set out in section 12).

2 Background and methodology

- 2.1 In July 2025, Lucy McLynn, Employment Partner at Bates Wells was commissioned to prepare a report for the Nursing and Midwifery Council ("NMC") into the NMC's handling of concerns raised by a whistleblower ("W") and how W was treated having raised these concerns. The NMC is the UK's independent regulator for nurses, midwives and nursing associates. Lucy McLynn has worked with the NMC on one previous occasion, providing advice on best practice with regard to its whistleblowing policy in May 2025.
- 2.2 The NMC had originally commissioned this report to be prepared by Ijeoma Omambala KC in October 2023, as well as a report into the handling of Fitness to Practise ("FtP") cases which had been raised by W (which is outside the scope of our instructions). Due to personal reasons on the part of Ms Omambala KC, the decision was taken by the NMC to recommission this report. Materials which had been shared with and collated by Ms Omambala KC were directly shared with Bates Wells (not via or with the NMC). Confirmation was sought and received that all materials in Ms Omambala KC's possession, to the best of her knowledge, had been shared with Bates Wells. Ms Omambala KC noted that she considered that she had obtained all of the information necessary to write the report.
- 2.3 All of the information provided to Bates Wells has been reviewed. This amounted to approximately 12,000 pages of evidence.
- 2.4 Consideration was given to whether any further information was needed from W. It was concluded that their position was set out clearly in the materials which we had reviewed and we were able to reach conclusions on the matters in question on the basis of the information in our possession. W had stated both that they would find repeating their experiences again to be re-traumatising, and that they had no confidence in the recommissioned investigation. Any decision to seek to re-interview W would therefore need to have been carefully weighed up. As matters stood, however, we were satisfied that this was not required.
- 2.5 No other witnesses were reinterviewed. Certain specific factual points were checked with the NMC where these were unclear from the documentation.
- 2.6 As this report is intended for publication, in recognition of the need for W not to be identifiable from the report, our comments will, of necessity, address topics in broad terms rather than setting out specifics relating to W's situation. For this reason we have intentionally avoided referring to specific dates or incidents. The consequent brevity of this report is in no way reflective of the volume of analysis of evidence and issues that has been undertaken.

3 Scope of this report

- 3.1 As stated above, this report was originally commissioned in October 2023 (Process 1). A report into the substance of W's concerns about the NMC's approaches to casework was simultaneously commissioned within the same Terms of Reference (Process 2). Separately, the NMC commissioned an Independent Culture Review ("ICR") to address concerns raised both by W and by others about the culture within the NMC, including about discrimination (Process 3). The ICR was completed in July 2024. W's expressed view was that the ICR was where the real investigation of their whistleblowing would take place. We comment further on the ICR below.
- 3.2 It was subsequently agreed between the NMC and W that concerns which they had raised about their treatment which related to the actions of specific individuals should be considered as grievances. This would enable there to be accountability by those individuals if needed. These grievances were independently investigated by a KC (Process 4) and outcomes were given earlier in 2025. The grievance outcomes are considered further below
- 3.3 We have been mindful throughout the preparation of this report to avoid impinging into the subject matter of other processes.
- 3.4 The focus of our analysis has been events prior to October 2023, in line with the Terms of Reference. We have, however, considered subsequent events and communications, which have provided broader context.
- 3.5 The original Terms of Reference envisaged that this report would feed into the ICR. Given that the ICR concluded in July 2024 our instructions instead were to take the ICR into account, which we have done.
- 3.6 It should be noted that it is not within the remit of this report to consider how any other individual whistleblowers' concerns have been handled by the NMC. The Terms of Reference referred to considering whether the NMC followed their processes and practice "for similar whistleblowing cases". We understand this to have referred to whether the NMC followed their standard approach in W's case, rather than suggesting that other whistleblowing cases should be considered within this report. The instructions to Lucy McLynn expanded this element of the Terms of Reference, asking that we consider whether good practice (rather than existing practice) was followed, which is what we have done.

4 The concerns raised

- 4.1 Various concerns were raised with the NMC by W from at least 2019 onwards. Most material for the purposes of this report are the concerns raised formally by them as whistleblowing on two occasions in 2023. In order to preserve the confidentiality of W it is not appropriate for this report to set out the detail of the concerns raised.
- 4.2 The subject matter of the concerns was broadly: the NMC's handling of issues of racism, sexism and domestic abuse within fitness to practise cases, including concerns about certain specific cases; discriminatory guidance and internal pressures leading to under-investigation of FtP cases; the culture at the NMC, including around transparency and the ability of employees to speak up. W also expressed concerns about how the NMC responded to these disclosures and how W was treated by the NMC.

5 Treatment of the whistleblower

- 5.1 W raised various concerns about detriments which they considered that they experienced because of having made disclosures in the public interest. Again, it is inappropriate to particularise the detriments raised as this would potentially breach W's confidentiality. Thematically, these related to how the concerns raised were addressed by the NMC; how specific internal processes relating to W's employment were handled; and insufficient regard being paid to W's desire for confidentiality.

- 5.2 Generally, the particular concerns raised by W about the handling of processes relating to their employment have been separately considered by the independent grievance investigation to which we referred above (Process 4). Their grievances – which included a number of allegations against several colleagues – were not upheld, save in respect of one aspect, which was that the grievance outcome upheld that a senior leader had made inappropriate comments about W (not by name). The senior leader acknowledged to their manager that their comments were unacceptable and apologised for having made them. The grievance outcome did not find that the making of these comments had any impact on subsequent treatment of W. We have reviewed the extensive grievance report and supporting documentation, considered all of the issues and do not see any basis for its conclusions to be reopened.
- 5.3 We have also looked at all of the evidence to consider whether there was detrimental treatment of W within their employment which may not have been covered by the specific allegations within their Process 4 grievances. We recognise that there were times when W was understandably frustrated by events which took place during their employment, and there were situations which it would have been better for the NMC to have handled differently. We did not conclude, however, that there was evidence of W being treated poorly due to being a whistleblower. Indeed, on a number of occasions there was evidence of interventions by senior colleagues in internal decision-making to ensure an outcome which was favourable to W, which might indicate the opposite.
- 5.4 In reaching the above conclusions, we wish to acknowledge the bravery which it takes for a whistleblower to come forward with concerns, and the vulnerability which they are likely to feel subsequently. It is a matter of regret in this case that the NMC were not able to reassure W that they were not being subjected to detriment because of the concerns they had raised. See further the section on lessons learned below in this regard.

6 The handling of the concerns raised

- 6.1 In our view, it was reasonable that concerns raised by W prior to 2023 were not recognised as whistleblowing and were not taken forward under the NMC's whistleblowing policy. Some concerns were personal to W and these were addressed under the NMC's grievance policy (in an earlier grievance process), as was appropriate. Some concerns related to approaches to casework. When these concerns were first raised by W these were responded to by the recipients within the NMC, and the documentary evidence we have seen indicates that these issues were taken seriously and there was engagement with them. More could have been communicated to W, however, about what was being done to address these issues and it would have been better if a resolution to them could have been reached sooner.
- 6.2 Matters could have been handled better around W's first formal 2023 disclosure. Shortly prior to W raising their concerns formally they stated in correspondence that they considered that they were being victimised for having spoken out. Whilst the concerns which W raised about their treatment were responded to promptly, there was a missed opportunity to clarify with W what they had spoken out about, and whether that had been addressed.
- 6.3 Once W raised their concerns formally, these were responded to appropriately in line with the NMC's whistleblowing policy. An independent investigator was duly appointed. As W had raised concerns related to their own employment this became the early focus of that process rather than the whistleblowing concerns themselves. This appeared to be in line with W's wishes at the time but, in our view, this was a mis-step. W's underlying concerns should have been investigated at that point, in tandem with addressing their personal situation. We do not consider that what we view as an overly narrow approach at that time was because the NMC was reluctant to address the whistleblowing concerns raised. Nor do we consider it an act of detriment towards W. Having reviewed all of the contextual correspondence, our view is that the steps taken were well-intentioned, and sought to prioritise getting a resolution to pressing employment circumstances for W.
- 6.4 Following the formal raising of concerns by W on the second occasion in 2023, the NMC commissioned external investigations into the various concerns raised by W. These included

the FtP casework concerns. Further details have been set out above. This indicates that there was willingness by the NMC to have these matters scrutinised.

- 6.5 We are satisfied that NMC's actions in commissioning Processes 1 - 4 were appropriate and in line with its whistleblowing policy and good practice. We acknowledge that having different external individuals investigating different aspects of W's concerns did create additional emotional labour for W in having to repeat elements of their testimony to different audiences, and this is regrettable. We consider that it was reasonable, however, for the NMC to determine that it should use a different skillset and resourcing for the ICR (Process 3). There might have been ways in which the impact on W of this decision could have been minimised, however, which we discuss further below.
- 6.6 It is understandable that, once it became clear to the NMC that W wished to raise personal grievances against colleagues, these needed to be separated out from the whistleblowing investigation which was already underway and handled under the NMC's grievance procedure (Process 4). It was a missed opportunity, however, for this not to have been recognised sooner, as there might have been scope for there to be a different approach to be taken to this investigation (Process 1) and the grievances (Process 4). Again, we deal with this further below.

7 Was W's confidentiality appropriately preserved?

- 7.1 We have reviewed information about all of the individuals at the NMC with whom W's identity was shared, and the reasons why this was done. We noted that W at different times shared their own identity with a number of individuals both internally and externally, including with a member of the press. It is of course entirely a matter for a whistleblower when they choose to put their name to communications. This context did lead to a wider sharing of W's identity than would have been likely to have been the case otherwise.
- 7.2 The issue of confidentiality was considered in the grievance process (Process 4) and the conclusion was reached that in each case there was a legitimate reason for the sharing of W's identity, and that there was not any breach of GDPR. We do not disagree with that finding. Our remit, however, is to consider what would be best practice. Our view is that it would have been better practice for there to have been more limited sharing of W's identity. Ideally, W should have been anonymised/pseudonymised at an early stage, and a limited channel for communication with W established, beyond which redaction of their name could have taken place.
- 7.3 We also consider that, as this matter unfolded, it would have been better for there to have been more advance communication with W about instances when their identity would be shared.
- 7.4 We are aware that in one instance W's identity was shared with an individual because they had access to the mailbox of a senior colleague. This is not an uncommon administrative arrangement in our experience and those with such access are expected to adhere to strict confidentiality. Nevertheless, it would be preferable for communications regarding named whistleblowers to be shared on more confidential channels if possible.
- 7.5 There was one occasion when a piece of sensitive data about W (unrelated to their whistleblower status) was shared by HR with line management. This was due to an email from W being forwarded. An immediate apology was given to W. Whilst this was regrettable, we agree with the conclusion in the grievance outcome that it was unconnected to W's whistleblowing.

8 Were/are the NMC's policies appropriate?

(i) Whistleblowing policy

- 8.1 We have reviewed the NMC's whistleblowing policy as it was at the time that W raised their concerns, and as it is now.

- 8.2 The whistleblowing policy in 2023 was, in our view, fit for purpose. It set out that NMC takes whistleblowing seriously, it explained in detail what would happen once whistleblowing concerns were raised, and repeatedly stated that whistleblowers would not be subject to detriment.
- 8.3 One problem with the previous whistleblowing policy was that it over-promised with regard to confidentiality. It stated:
- “If you ask us not to disclose your identity, we will not do so without your consent unless required by law (for example, if there were a Police investigation). You should understand that there may be times when we are unable to resolve a concern without revealing your identity, for example where your personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed.”*
- 8.4 In our view, it was unrealistic for the policy to give this level of assurance about confidentiality. Almost inevitably, there will need to be some internal sharing of a whistleblower’s identity beyond the initial recipient of that information – although, as set out in this report, we would recommend a rigorous approach being taken to guarding the whistleblower’s identity. Equally there may (occasionally) be serious concerns raised which need to be progressed regardless of the fact that this may lead to identification of the whistleblower and that this is against their wishes.
- 8.5 The NMC’s new policy better reflects the position, stating:
- “If you request confidentiality, we will make every effort to protect your identity. However, it is important to note, that we cannot guarantee that your identity won’t become known to others. For instance:*
- *Those involved in the investigation of your concern*
 - *Those who are able to identify you during the course of an investigation due to the nature of your concern*
 - *If required by law, we would disclose your identity, for example if there was a police investigation or public inquiry*
 - *Where our duty of care to others overrides your request for confidentiality.”*
- 8.6 The NMC’s new policy has been expanded into a “Raising Concerns” policy. This should mean that there is less emphasis - both for those raising concerns and those receiving them - on whether concerns would fall within the legal definition of whistleblowing, and more emphasis on concerns being addressed. We consider this to be a positive development, which ought to lead to more and earlier reporting of concerns.

(ii) Log and Learn Policy

- 8.7 In conjunction with its new Raising Concerns policy, the NMC has now introduced and rolled out a “Log and Learn” process. This encourages all staff to register in a central log where things have gone wrong. The policy states:
- “We should log a learning event on the system whenever something goes wrong, including near misses. It is not possible for us to provide a definitive lower limit for what should and shouldn’t be reported but we would expect, at the very least, for a learning event to be logged whenever we haven’t complied with legislation or our regulatory duties even if no harm was caused.”*
- 8.8 It is an expectation under the policy that learning events should be considered and “closed” on the system within specified timeframes. This will be a helpful framework for ensuring the timely addressing of issues going forward. Information from the Log and Learn system will be provided monthly to directorates and every six months to both the Executive Board and the Audit & Risk Committee, including themes or trends arising.

- 8.9 It is positive that the NMC's staff are being actively encouraged to report concerns through this structured and neutral mechanism, and that the focus is one of organisational learning rather than of culpability.

(iii) Grievance policy

- 8.10 We have reviewed both the 2020 and the 2023 versions of the NMC grievance policy to assess whether adequate safeguards were in place for employees raising personal concerns at the time that W raised their formal whistleblowing concerns. Both versions of the policy were and are fit for purpose. In each case the policy is detailed, and offers reassurance to the employee that they will not be punished in any way for reporting something or someone that they genuinely believe to be wrong, even if their view turns out to be incorrect.
- 8.11 Both versions signpost the Whistleblowing policy for concerns in the public interest or about something that the NMC has done wrong. (This should be updated to refer to the Raising Concerns policy.)

(iv) Policy on non-contractual payments

- 8.12 We were also asked within the Terms of Reference to consider the NMC's policy on non-contractual payments. This policy was adopted in 2018 and has been periodically reviewed and updated. In our view it is a thorough policy providing appropriate safeguards around such discretionary expenditure by the NMC. Of particular note in the context of this review is the fact that the policy expressly states that care will be taken:

"in no way [to] compromise the employee's rights under public interest disclosure legislation (whistleblowing). Any contractual term or other agreement — such as a "gagging clause" in a contract of employment or settlement agreement — will be void where it seeks to prevent a worker from making a protected disclosure"

- 8.13 This is of course the position as a matter of law irrespective of what is stated in any document but it is good practice for this to be clearly and publicly set out. We also noted that this policy includes a requirement that proposals for making a non-contractual payment include a summary of lessons learnt from the case in question.

9 The Independent Culture Review

- 9.1 We have considered the ICR, undertaken by Nazir Afzal OBE and Rise Associates and completed in July 2024. This was clearly a thorough exercise with extensive output.
- 9.2 The ICR found that although a majority of staff at the NMC were happy with how they were managed, there was a significant number of staff who spoke to a dysfunctional and toxic culture across most parts of the NMC which was preventing the organisation from functioning effectively. Significant divisions and differences of opinion were observed among the senior leadership team and separately among the NMC's in-house lawyers, particularly around safeguarding issues.
- 9.3 The report stated that there was a disconnect between the NMC's stated values of fairness, kindness and valuing people, and its practices towards staff and registrants. It referred to numerous instances of bullying, racism and poor behaviours, but noted that the number of grievances on record was very low, which demonstrated a lack of trust among staff in the NMC's processes. With regards to the promotion and retention of staff, the report found that career progression was not "structured, meritocratic or properly planned", which led to employees leaving the organisation before their potential was recognised. Many staff who remained felt upset and overwhelmed at work.
- 9.4 The ICR also set out that concerns had been raised to the senior leadership team on a number of occasions, but these were not taken seriously, and were in fact greeted with irritation rather than being seen as an opportunity for learning. It concluded that leadership

had created a “closed culture with an unwillingness to brook criticism or properly learn from mistakes”.

- 9.5 The report made 36 recommendations, including that the NMC revisit its values, invest in its people, strengthen its policies to eliminate bullying, develop an anti-racist action plan, and improve stability in its workforce. All of the recommendations made in the ICR have been accepted by the NMC.
- 9.6 The one recommendation arising from the ICR which was specific to whistleblowing was the establishment of an Independent Oversight Board. This recommendation was progressed by way of the establishment of the Independent Oversight Group – see further below.
- 9.7 The ICR provided the opportunity for a comprehensive review of the cultural concerns raised by W, and similar concerns raised by others. It has led to clear and tangible outputs and improvements. We consider it good practice to commission a cultural review of this kind where wide-ranging concerns are raised about institutional behaviours.

10 Governance/oversight

(i) Role of the Assistant Director of Governance

- 10.1 It was and is the responsibility of the Assistant Director of Governance (“ADG”) to be the NMC’s operational whistleblowing lead, and to escalate whistleblowing cases and to report on them. We have reviewed the job description for this role to ensure that this responsibility is expressly set out. The job description states that the role includes being:

Designated Lead for Public Interest Disclosures (whistleblowing) for the NMC, ensuring NMC policies and process reflect good practice. Raise awareness and ensure that colleagues have effective avenues to raise whistleblowing concerns, maintaining confidentiality as required. Investigate or, as appropriate, procure and manage external investigations into concerns raised and that actions arising are implemented Advise/escalate to Designated Lead Council members; Chair of Council and Chief Executive and Registrar, as appropriate. Ensure regular updates and annual reporting to Audit Committee and in statutory reporting.

- 10.2 The ADG at the time of the events in question reported into the Executive Director People and Organisational Effectiveness (“EDPOE”), who had overall responsibility for the HR function and processes. On the one hand, this could have been helpful as whistleblowing by a staff member is likely to engage HR issues and processes as well, and this facilitated oversight by the EDPOE of all of these strands of activity. On the other hand, it could have been perceived that the ADG was not in a position to be objective about whistleblowing that involved concerns about the HR function, as their own reporting line sat within that function. To be clear, we are not saying that there was any lack of objectivity in this instance, merely that that structure could give rise to that perception. The ADG now reports to the Chief of Staff, which is a post sitting within the Office of Chair and Chief Executive. The current structure seems to us a preferable one. The NMC may wish to consider whether there are clear enough reporting lines from the ADG to an appropriate member or members of Council, if needed.
- 10.3 In W’s case we have seen evidence of the ADG being appropriately internally notified of W’s first formal 2023 disclosure and leading the organisational response to the same. We have commented above on circumstances which led to a pause in progressing the investigation of W’s whistleblowing concerns and that we consider that it would have been better if that had not happened.

(ii) Oversight by the Chief Executive and Registrar

- 10.4 In W’s case we have seen evidence that the Chief Executive and Registrar was quite rightly made aware of what was being done to address W’s late 2023 concerns. In our view it is not necessary or appropriate for the Chief Executive and Registrar to be directly involved in the

detailed handling of such concerns as this is the role of the ADG. It would be good practice, however, for there to be regular, structured updates to the Chief Executive and Registrar from the ADG about the progress of the investigation into serious whistleblowing concerns.

(iii) Oversight by Council

- 10.5 The NMC's 2023 whistleblowing policy stated:
- "The Audit Committee is responsible for this policy and reviews it regularly. The Assistant Director, Governance will maintain confidential records of all matters raised through the whistleblowing policy. All instances of the whistleblowing policy having been invoked are reported to the Audit Committee along with outcomes. The Assistant Director, Governance will also arrange for audits to be conducted on the implementation of this policy to ensure that it is being appropriately applied."*
- 10.6 The Audit Committee (now the Audit & Risk Committee) is one of (at present) five committees made up of appointed Council members. Their remit (insofar as is relevant to this report) is to review the comprehensiveness and reliability of assurances on governance and risk management.
- 10.7 We have seen evidence that W's concerns were reported to the Audit Committee shortly after the first 2023 disclosure. The Audit Committee were made aware in broad terms of the nature of the concerns being raised by W and the steps being taken to address them. The Audit Committee received updates on W's case at subsequent meetings. W was at no point named. As a matter of good practice, we consider that fuller information about W's case could have been provided to the Audit Committee in the early stages.
- 10.8 The People and Culture Committee ("PAC"), formerly the Remuneration Committee has a remit (insofar as is relevant to this report) to have oversight of the NMC's People and Equality, Diversity, and Inclusion Plans, including their strategic development and to receive assurance on key learning and delivery of actions.
- 10.9 We have seen evidence of the PAC being made aware of what we understand to be W's case following their first disclosure and prior to their second disclosure in 2023. No details of the case were provided. Following their second disclosure, broad details of W's concerns were shared with the PAC, and the PAC subsequently directed that W's concerns and the outcomes of them should be taken into account in the NMC's People and EDI plans. W was at no point named. In our view there is evidence of appropriate oversight by the PAC from a broad people perspective.
- 10.10 There is some evidence in W's case of involvement of the Council Whistleblowing Leads. The Whistleblowing Leads are Council members who are designated with specific responsibility to oversee the handling of whistleblowing matters, and to be a point of contact for whistleblowers to raise concerns if they feel unable to raise them with designated executive staff members. Their role and involvement in this process could have been more clearly defined.
- 10.11 We have seen evidence that W's concerns were reported to the whole Council following their late 2023 disclosures, and were discussed subsequently, with Council approving the terms of reference for the reports commissioned from Ijeoma Omambala KC. It is, in our view, perfectly acceptable that responsibility for oversight of whistleblowing should be delegated to a committee or committees, with reporting to Council happening afterwards. We understand that the NMC is currently in the process of finalising an Escalation Policy which provides details about which issues should be escalated to Council and when. This will be helpful going forward in ensuring that there is a shared understanding across the NMC in this regard.
- 10.12 When whistleblowing concerns are shared with any members of Council (including the Whistleblowing Leads) it should be routine practice that the identity of the whistleblower is not shared unless there are exceptional reasons why it is appropriate or necessary to do so. In

this case we observed good practice around the anonymity of W being maintained at Council level.

- 10.13 The NMC logged a Serious Incident Report (“SIR”) with the Charity Commission in a timely fashion following W’s late 2023 disclosures. On balance we are satisfied that this was the appropriate point in time at which to make an SIR.
- 10.14 The NMC’s new Raising Concerns policy states:
1. *All cases managed through this policy are reported to the Audit and Risk Committee along with outcomes. The Committee will also review key performance indicators to assess the effectiveness of the process.*
 2. *As part of Audit and Risk Committee’s report to Council, Council will receive a high level summary of each whistleblowing case, any learning identified and assurances on the implementation of the policy.*
 3. *People and Culture Committee will on a quarterly basis receive a report drawing out the themes arising from concerns raised.*
- 10.15 The principle of reporting all cases is similar but the new policy contains additional specific reporting lines both to the PAC and to Council itself. We consider that it is a positive development that whistleblowing is now expressly identified for the NMC’s staff as being an issue for consideration by the PAC as well as for Audit & Risk (although this was, in practice, what was taking place previously).
- 10.16 It is also good practice as per the new policy that there should be a structured mechanism for reporting whistleblowing concerns (at a high level) to the whole Council.

(iv) Oversight by the Independent Oversight Group

- 10.17 For completeness, we should add that in 2024 the government requested the establishment of an Independent Oversight Group (“IOG”) to oversee and support the NMC’s response to the concerns raised by W. We have been provided with the Terms of Reference of the IOG, and the minutes of the meetings which have been held since its establishment.
- 10.18 The IOG was established in September 2024 and is chaired by the Chief Executive of the PSA. Membership of the IOG beyond this includes representatives from the NMC, trade unions, relevant Royal Colleges, regional governments, and the Chief Nursing and Midwifery Officers from England, Scotland, Wales, and Northern Ireland.
- 10.19 To date the IOG has met nine times and has discussed, among other things:
- The NMC’s fitness to practise improvement plan, including in particular in relation to staff retention, high referrals from members of the public, training for panel members, and ensuring the screening stage is efficient;
 - The ongoing response to the ICR, including the implementation of a speak up guardian and speak up ambassadors, appointment of an EDI advisor to the Executive Board, appointment of a Head of Culture Transformation, increased resources and capabilities in the NMC’s EDI function, and the NMC’s culture plan;
 - The NMC’s approach to safeguarding, including the roll out of a Safeguarding Hub, the outcome of a safeguarding stocktake, and a new safeguarding plan to include staff education and training;
 - The recruitment of the Chief Executive and the Executive team more broadly;
 - Engagement with the Charity Commission; and
 - Improved data collection and cleansing.

11 Lessons learned

- 11.1 As stated above, an investigation into the early 2023 whistleblowing concerns should have started at the time that they were raised, regardless of W's wishes. In future the NMC should not pause the investigation of concerns of a public interest nature (unless there are compelling specific reasons for doing so).
- 11.2 There should have been clearer ownership of W's concerns by a specific individual or individuals within NMC. Because of W raising overlapping whistleblowing and personal issues it seems that there was at times a lack of clarity about whether decision-making and process in their case sat under the Governance or People functions.
- 11.3 At the point that the NMC was moving forward with commissioning investigations into W's late 2023 concerns (Processes 1 -3) it would have been advisable to have clarified with W whether what they were raising was also, in part, personal grievances. This was established in the following weeks, and the NMC ensured that W's personal concerns were also addressed as grievances (Process 4). Had this been established at the outset, however, it might have been feasible to co-commission the grievance investigation (Process 4) and the production of a public-facing report into the handling of whistleblowing concerns and detriment (Process 1) in a way which would have resulted in a lower requirement for input from W.
- 11.4 Where it is going to be necessary for there to be more than one investigative process, thought should be given to whether the whistleblower could provide their evidence in a way which would minimise the toll on them in having to liaise with multiple investigators. This could, for instance, include the whistleblower making a core written statement on which they could just be asked supplemental questions in each investigation, the whistleblower providing one core set of relevant documents, or materials being shared between investigators (of course with the whistleblower's express knowledge and consent). This may not be practicable in all cases, but it probably would have been possible to some degree in the present case.
- 11.5 Communication with W was sometimes somewhat reactive. In whistleblowing cases the NMC should aim to be proactive in informing the whistleblower about processes and next steps and providing regular updates. This did happen at times, and it is acknowledged that correspondence to and from W was extensive, but proactive communication was not always consistent. Clearer ownership as above would be likely to have helped with this.
- 11.6 A whistleblower should always be formally thanked for raising their concerns, and this should happen promptly. W was thanked following making the second 2023 disclosure, which was clearly appreciated by W, but this came later than it should have done. We do acknowledge, however, that individuals within NMC did, at earlier points in time, thank W for raising issues.
- 11.7 Where a whistleblower wishes to remain anonymous, their identity should be closely guarded, and redaction or use of pseudonymisation should be adopted from the earliest opportunity.
- 11.8 Where circumstances arise which may lead to a wider internal sharing of a whistleblower's identity than was originally anticipated this should be proactively discussed with the whistleblower.
- 11.9 Consideration should be given to whether there is a feasible alternative to sharing confidential material around whistleblowing to a shared mailbox.
- 11.10 It would have been good practice for a proactive discussion about or risk assessment of detriment to have been carried out with W at the outset of their whistleblowing, to ascertain potential areas where detriment might occur. This could then have been revisited at the points at which concerns about detriments were raised by W. The NMC did repeatedly reassure W that they would not be subject to detriment. It would have been good practice, however, for there to have been specific exploration with W as to why they believed that their whistleblowing was causative of particular experiences at work about which they were unhappy. Proactively anticipating and seeking to mitigate against the potential for detriment is now expressly part of the NMC's Raising Concerns policy. This is a helpful step in reassuring a whistleblower that they will be kept safe.

- 11.11 Where serious whistleblowing concerns have been raised and are being investigated it would be advisable for there to be regular, structured updates to the Chief Executive and Registrar on a weekly, bi-weekly or monthly basis, as appropriate. Early reporting to Audit (and Risk) Committee about individual cases would benefit from being a little more detailed (although obviously without providing information which would identify a whistleblower who does not wish to be identified). The role of the Council's Whistleblowing Leads would benefit from being more publicly defined and shared.
- 11.12 Long delays in getting to the outcomes of investigations have been a feature throughout this case. Whilst this has been at the hands of external parties, the NMC should ensure that, when outsourcing investigation work, a stated and reasonable timescale for completion is a fundamental expectation. Investigators should then be held to account around timely delivery.

12 Recommendations

- I. All managers should receive training on whistleblowing to ensure that they know how to recognise and deal with such concerns, and how whistleblowers should be treated.
- II. The Raising Concerns policy should be kept under regular review – we would suggest every two years (the previous cycle was three years) – so that it can continue to develop.
- III. The Raising Concerns policy should be prominently available to all staff on the intranet.
- IV. All relevant policies should be checked to ensure they correctly cross-refer to and signpost new policies (eg the Raising Concerns policy and the Log and Learn policy)
- V. Staff should be asked (via a survey or similar) if they know how to raise concerns, and if they are confident that concerns which are raised will be addressed by the NMC. This survey should be repeated after 1-2 years with a view to seeing that staff knowledge and confidence is increasing.
- VI. In any whistleblowing case there should from the outset be a designated overseeing postholder (or more than one if needed) to be the point of liaison with the whistleblower. This postholder should be responsible for ensuring that all of the actions take place which may reassure the whistleblower, including thanking them, ensuring that anonymity is appropriately preserved (where requested and insofar as appropriate and practicable), carrying out a detriment risk assessment (and revisiting this as needed), getting any initial clarity required from the whistleblower about the nature of the concerns they are raising and any views they may have about the process to be followed, considering ways of seeking to minimise the impact on the whistleblower of multiple processes and proactively communicating with the whistleblower throughout the handling of their concerns. Either this postholder, or another postholder liaising closely with them should ensure that the Chief Executive and Registrar is also kept regularly updated.
- VII. If possible, the NMC should establish confidential email addresses or another confidential channel for senior employees with shared mailboxes where confidential information around whistleblowing can be shared.
- VIII. The Escalation policy should be finalised and the NMC should ensure that reporting to Council and its committees takes place in accordance with both this policy and the Raising Concerns policy.
- IX. The roles of the Council Whistleblowing Leads should be defined and internally promoted.

- X. The NMC should take appropriate opportunities to communicate to staff when things change as a result of staff raising concerns, so that the organisational culture is seen as one in which raising concerns is something which is celebrated.

LUCY McLYNN

PARTNER

BATES WELLS

24 SEPTEMBER 2025